



8555 E Yavapai Road  
Prescott Valley, AZ 86314

(928) 772-7711  
www.centrialyavapafire.org

## EMPLOYMENT APPLICATION

### **Read the following instructions carefully before completing application:**

All requested information must be furnished, including information requested on supplemental questionnaires. The information you provide will determine your eligibility and qualifications for employment or further examination. If a category does not apply, write **N/A** for Not Applicable. Note, for completing "Employment History," fill in **ALL** spaces accurately and completely. Include all related employment, volunteer and military work experience. **DO NOT WRITE "SEE RESUME"**. All information contained on the application is subject to verification. Any omission, misstatement or falsification may cause for rejection of this application, removal of your name from an eligibility list or discharge.

POSITION APPLYING FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

## GENERAL INFORMATION

(Please type or print legibly with ink)

NAME \_\_\_\_\_  
(Last name) (First name) (Middle name)

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

MAILING ADDRESS: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code)

PHONE: \_\_\_\_\_ MSG PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you applied for a position with Central Yavapai Fire District in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been employed by Central Yavapai Fire District in the past? \_\_\_\_\_ YES \_\_\_\_\_ NO

How did you learn of this job opportunity? \_\_\_\_\_

**GENERAL INFORMATION continued...**

Date available for work \_\_\_\_\_

Do you have a legal right to work in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, you will need to show proof of work eligibility to be employed.

**EDUCATION**

Do you have a High School Diploma or G.E.D.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

List colleges, universities, trade or business schools attended or any other training:

College/University (circle highest completed)      1          2          3          4          5          6

Name \_\_\_\_\_ Location \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

**TRAINING**

List position-related licenses, registrations, certificates or professional memberships.

Description

Number

Expires

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any skills that you possess relating to the position applying for:

Indicate with an "X" on the job experience in the following:

Firefighter  Engineer  Captain  Fire Marshal  Fire Inspector   
 EMT  Paramedic  Wildland  Hazardous Materials  \_\_\_\_\_

Clerical:

Receivables  Payables  Payroll processing  Multi-line phones  Filing   
 Customer service  Writing correspondence  Meeting minutes   
 Computer proficiency: Word  Excel  Access  PowerPoint  Publisher

## EMPLOYMENT HISTORY

Applicant **must account for entire work history**, especially any gaps in employment. Please provide a **complete explanation for employment gaps**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Current Employer Name _____		Telephone _____	
Address _____		City/State _____	Zip Code _____
Starting position _____	Start date _____	Starting salary _____	Supervisor's Name _____
Ending position _____	End date _____	Ending salary _____	Supervisor's Name _____
May we contact your employer?	_____ YES	_____ NO	
List job duties: _____			
Reason for leaving: _____			

Previous Employer Name _____		Telephone _____	
Address _____		City/State _____	Zip Code _____
Starting position _____	Start date _____	Starting salary _____	Supervisor's Name _____
Ending position _____	End date _____	Ending salary _____	Supervisor's Name _____
List job duties: _____			
Reason for leaving: _____			

### EMPLOYMENT HISTORY continued...

Applicant **must account for entire work history**, especially any gaps in employment. Please provide a **complete explanation for employment gaps**. Begin with your most recent position. List all jobs held whether paid or volunteer. Additional work history forms should be requested if needed.

Previous Employer Name		Telephone	
Address		City/State	Zip Code
Starting position	Start date	Starting salary	Supervisor's Name
Ending position	End date	Ending salary	Supervisor's Name
List job duties: _____			
Reason for leaving: _____			

Previous Employer Name		Telephone	
Address		City/State	Zip Code
Starting position	Start date	Starting salary	Supervisor's Name
Ending position	End date	Ending salary	Supervisor's Name
List job duties: _____			
Reason for leaving: _____			

### GENERAL HISTORY

Please provide a list of all previous residences:

City	County	State	Length of time
City	County	State	Length of time
City	County	State	Length of time
City	County	State	Length of time
City	County	State	Length of time

Have you been employed by or affiliated with any other Fire Department, Fire District, Rescue, or Ambulance Company – whether on a paid-full time, on call or volunteer basis?

\_\_\_ YES \_\_\_ NO

If so please provide the following information.

Name of Organization	Dates	In what capacity – FT/PT/Volunteer?
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## APPLICATION QUESTIONS

YES answers to the following four questions will not necessarily result in denial of employment. The employer will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the employer in determining your eligibility, qualifications and suitability for employment. Attach additional sheets if necessary.

**Have you ever been convicted of, admitted committing, are awaiting trial, or have been placed on probation for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)?** You must answer YES even if the matter was later dismissed, deferred, vacated, expunged or had any other legal action taken that may have removed the matter from court records. If you answer YES, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES     NO    Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been dismissed, fired or released from any position, paid or volunteer held for any length of time, resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending?** You must answer YES even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer YES, you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination.

YES     NO    Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever had any license or certificate of any kind revoked, suspended, placed on probation, or have you in any way been sanctioned by, or is any charge or complaint now pending against you?** If you answer YES, you must provide the dates of the proceedings, name, address and telephone number of the agency or licensing body where proceedings took place, a statement of the accusations against you and the final disposition.

YES     NO    Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you now being investigated for any reason by any licensing, certification or other regulatory body or by your current or any previous employer?** If you answer YES, you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES     NO    Explanation: \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION, AUTHORIZATION, RELEASE AND WAIVER

### READ CAREFULLY BEFORE SIGNING

- I certify that the information given by me in this Employment Application is true and complete and I understand and agree that the application process or my employment with CYFD may be immediately discontinued if misrepresentations, falsified statements or material omissions are found to have been made. I authorize investigatory agencies, schools, former employers and former supervisors to provide any and all information pertinent to my employability, and hereby release those providing such information from any liability for doing so.
- I understand that employment, if offered, is contingent upon satisfactory results of a drug screening, employment verification, criminal background check utilizing fingerprint analysis, motor vehicle report and \*physical and psychological examination as required by the District. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and lawful authorization to work in the U.S. and completing a form I-9. (\* if applicable)
- I also understand that CYFD, being an at-will employer may terminate my employment at any time, with or without cause and without liability and that my employment does not constitute a contract of employment between myself and the District. I will comply with and be governed by all federal and/or state laws, and District policies, rules, and procedures as may be in effect. If requested by the management at any time, I agree, while on Fire District property, to submit to the search of my person, possessions, cars, or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.
- I may be required to take a physical examination, at company expense, at any time, to determine if I am physically fit for the job I am to perform, including drug testing for probable cause, random testing, or pre-employment screening. I authorize any physician or hospital to release any information to the Fire District which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment, or in the future, during employment with the company, including drug testing information.
- I further understand that this is an application for employment only and that no employment contract of any kind is being offered or implied. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RELEASE AUTHORIZATION

This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

*I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:*

- A. Criminal conviction records in any jurisdiction;
- B. Driving record in any state;
- C. Educational and Professional Certification records in any jurisdiction;
- D. Work performance, attendance and job related information.

I agree to assist in this effort by contacting former employers and asking for full disclosure of my employment history.

*I further understand that information obtained may be used by this employer in its sole discretion and without liability, to determine eligibility for initial or continued employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.*

*I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following must be filled out completely for your application to be considered (Please print).

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Other names by which you have been known and the dates those names were used

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Driver's license number

\_\_\_\_\_  
State of issue



**CURRENT/PREVIOUS EMPLOYER REFERENCE REQUEST - 1**

**Applicant Section:** Fill out entire top portion of form. Complete one form each for your three (3) most recent employers. Sign the form where indicated to authorize the release of this information to us. **We will only contact your current employer with your permission** (pg. 3). In the event that you are offered a position with the Central Yavapai Fire District, we will have to contact your current employer. **LEAVE THIS FORM ATTACHED TO YOUR APPLICATION PACKET.** Thank you!

Current or previous employer name: \_\_\_\_\_  
 Company address, City, State, Zip: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Applicant name: \_\_\_\_\_ Social security number: \_\_\_\_\_  
 Your position at the above named company: \_\_\_\_\_  
 Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer section:** The individual above has applied for a position with our organization and authorized the release of information regarding employment to us. In this lower section, please fill out as much information as you are permitted to and return to us via fax number or the mailing address listed below. Thank you for your assistance!

Name & title of person responding to this request: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Contact phone: \_\_\_\_\_  
 Does the above information (position, dates of employment, reason for leaving) agree with your records?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Would you rehire? \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain: \_\_\_\_\_

Please rate the applicant's job performance:

Characteristic	Excellent	Above Average	Average	Poor	Comments
Quality of work					
Quantity of work					
Attendance					
Attitude and cooperation					
Dependability					
Professional knowledge					
Interpersonal relations					
Learning ability					

Current or ending salary \$ \_\_\_\_\_ per \_\_\_\_\_ Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

**Mail to:** Central Yavapai Fire District  
 8555 E. Yavapai Road  
 Prescott Valley, AZ 86314

**OR Fax to:** (928) 759-3595



**PREVIOUS EMPLOYER REFERENCE REQUEST – 2**

**Applicant Section:** Fill out entire top portion of form. Complete one form each for your three (3) most recent employers. Sign the form where indicated to authorize the release of this information to us. **We will only contact your current employer with your permission** (pg. 3). In the event that you are offered a position with the Central Yavapai Fire District, we will have to contact your current employer. **LEAVE THIS FORM ATTACHED TO YOUR APPLICATION PACKET.** Thank you!

Previous employer name: \_\_\_\_\_  
 Company address, City, State, Zip: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Applicant name: \_\_\_\_\_ Social security number: \_\_\_\_\_  
 Your position at the above named company: \_\_\_\_\_  
 Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer section:** The individual above has applied for a position with our organization and authorized the release of information regarding employment to us. In this lower section, please fill out as much information as you are permitted to and return to us via fax number or the mailing address listed below. Thank you for your assistance!

Name & title of person responding to this request: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Contact phone: \_\_\_\_\_  
 Does the above information (position, dates of employment, reason for leaving) agree with your records?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Would you rehire? \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain: \_\_\_\_\_

Please rate the applicant's job performance:

Characteristic	Excellent	Above Average	Average	Poor	Comments
Quality of work					
Quantity of work					
Attendance					
Attitude and cooperation					
Dependability					
Professional knowledge					
Interpersonal relations					
Learning ability					

Current or ending salary \$ \_\_\_\_\_ per \_\_\_\_\_ Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

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 Prescott Valley, AZ 86314

**OR Fax to:** (928) 759-3595



**PREVIOUS EMPLOYER REFERENCE REQUEST - 3**

**Applicant Section:** Fill out entire top portion of form. Complete one form each for your three (3) most recent employers. Sign the form where indicated to authorize the release of this information to us. **We will only contact your current employer with your permission** (pg. 3). In the event that you are offered a position with the Central Yavapai Fire District, we will have to contact your current employer. **LEAVE THIS FORM ATTACHED TO YOUR APPLICATION PACKET.** Thank you!

Previous employer name: \_\_\_\_\_  
 Company address, City, State, Zip: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Applicant name: \_\_\_\_\_ Social security number: \_\_\_\_\_  
 Your position at the above named company: \_\_\_\_\_  
 Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer section:** The individual above has applied for a position with our organization and authorized the release of information regarding employment to us. In this lower section, please fill out as much information as you are permitted to and return to us via fax number or the mailing address listed below. Thank you for your assistance!

Name & title of person responding to this request: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Contact phone: \_\_\_\_\_  
 Does the above information (position, dates of employment, reason for leaving) agree with your records?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Would you rehire? \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Please rate the applicant's job performance:

Characteristic	Excellent	Above Average	Average	Poor	Comments
Quality of work					
Quantity of work					
Attendance					
Attitude and cooperation					
Dependability					
Professional knowledge					
Interpersonal relations					
Learning ability					

Current or ending salary \$ \_\_\_\_\_ per \_\_\_\_\_ Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

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